**THE BETA GROUP SCHOLARSHIP**

SCHOLARSHIP GUIDELINES

1. Applicant must be a United States Citizen.

2. Applicant must have a GPA of 2.5 or better (C+ average) and claim a major in Business Administration or similar field of study.

3. A letter from the applicant must be submitted with the completed application conveying their concept of the function of an administrative professional and why they chose to study this field.

4. The applicant must select two people to complete the reference form attached.

5. The applicant may be asked for an interview with the scholarship selection committee.

6. A total of $500 will be awarded for tuition and/or books based on financial need for one academic year (August to July), until the amount is expended.

7. Student must be enrolled in a minimum of 9 credit hours at a postsecondary education institution. Proof of enrollment must be provided prior to receipt of scholarship funds.

8. Application, letter, and reference form must be submitted to The BETA Group Scholarship Committee.

9. Applications submitted after the deadline will not be accepted.

# DEADLINE IS APRIL 14, 2019

*Send applications to:*

Bertha Munoz

BETA Group Scholarship Chair

432 S. Williams Blvd.
Tucson, AZ 85711

bertha.munoz@trulymail.com

**THE BETA GROUP SCHOLARSHIP**

SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY ZIP

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ United States Citizen? Yes □ No □ CITY STATE

Marital Status: Single □ Married □ Divorced □ Separated □

If Applicable: Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Occupation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is applicant the sole supporter of the household: Yes □ No □

Dependents other than spouse: \_\_\_

Number of persons: A. Living in applicant’s household: \_\_\_\_\_\_\_

 B. In applicant’s immediate family: \_\_\_\_\_\_\_

 C. In applicant’s family attending college: \_\_\_\_\_\_\_

Family Income: Monthly Net $\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Net $\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s monthly income and resources:

 Full-time work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GI Bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Part-time work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gov’t Aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Summer work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job History (include dates of employment):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education History

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY/STATE ZIP

Graduation Date: \_\_/\_\_/\_\_ Cumulative grade point average: \_\_\_\_\_\_\_\_\_

GED Certificate Yes □ No □Date Received \_\_/\_\_/\_\_

Postsecondary Education History (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References

Please obtain two personal references (no family or friends) and list them below. Some examples include teachers, counselors, clergy, employers, or community member. Have each reference complete the attached Reference Form; submit completed forms with application.

Reference name (first and last) and phone number:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the best of my knowledge the above information is correct. Applicant grants permission for release of financial and academic information.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

GUARDIAN SIGNATURE IF APPLICANT UNDER 18

**THE BETA GROUP SCHOLARSHIP**

REFERENCE FORM

Thank you for taking a few minutes to recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for The BETA Group Scholarship Award. Please use your personal knowledge of this candidate to respond to the following questions (please feel free to use another sheet of paper for additional space):

1. How long have you known the candidate and in what capacity?

2. What is your personal knowledge of the candidate’s strengths and responsibilities in his/her life? (Cite specific examples of accomplishments at work, school, home, community, church, etc.)

3. What is your personal knowledge of the candidate’s educational goals and his/her progress toward accomplishing these goals? (Consider any barriers or difficulties you know that he/she has overcome)

4. Please add any comments you would like to mention about the candidate which would assist in the evaluation process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE BETA GROUP SCHOLARSHIP**

CHECKLIST

* Completed application
* Letter conveying concept of the function of an administrative professional and personal interest in this field of study
* Reference forms completed by two personal references
* Proof of enrollment (required for scholarship recipients)

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